

PROGRAM REGISTRATION FORM

CUSTOMER INFORMATION

ADULT NAME	LAST		FIRST	
	ADDRESS			
	CITY		STATE	ZIP CODE
PHONE #'S	HOME	WORK	EMERGENCY	

CLASS & PARTICIPANT INFORMATION

Participant Name		Birthdate	Gender	Class #	Activity Name	Fee
Last	First					

PAYMENT METHOD

- ☐ Check # _____ (Make checks payable to *City of SeaTac*)

- ☐
- Cash

- ☐ Credit Card ☐ MasterCard
☐ Visa

A horizontal number line with 15 tick marks, labeled from 0 to 14. The line is used for plotting the data points from the frequency table.

Expiration Date

Signature _____

RELEASE AND WAIVER OF LIABILITY

Signature _____
(Parent or Guardian, if participant under age 16)

By signing the above, I hereby waive and release any and all rights and claims that may be had or might arise against the City of SeaTac Parks and Recreation Department, rental agencies, agents or representatives for any and all losses suffered while competing in or in connection with the programs sponsored or co-sponsored by SeaTac Parks and Recreation. The City of SeaTac is not responsible for any personal articles lost or stolen. I also allow photographs taken during Parks and Recreation activities to be used in the promotion of future City programs.

WE'D LIKE TO HEAR YOUR IDEAS!

The SeaTac Parks & Recreation Department is always looking for ideas to add new classes or improve the existing ones. Please let us know if you have any ideas you would like to share.

Thank you for your comments!